

Document # A92

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM
Request for Copies of Statements, Checks, and Reports

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
Check Distribution Unit
450 West 33rd Street, 4th Floor
New York, NY 10001

If paying by Credit Card or
Payroll Deduction, you may
fax to: (212) 857-7262
www.NYC.gov/payroll

EMPLOYEE SECTION**EMPLOYEE IDENTIFICATION**

FIRST Jacquelyn MI B LAST N'Jai
SOCIAL SECURITY NUMBER [REDACTED] DAYTIME PHONE NUMBER (412) 980-5746
AGENCY NAME: The Board of Education of the City School District of PAYROLL # 746

MAILING ADDRESS

(Address to which
copies of documents
will be mailed)

STREET ADDRESS 7801 Lloyd Avenue
STREET ADDRESS CONTINUATION #116
BOROUGH / CITY / TOWN Swissvale STATE PA ZIP CODE + 4 15218 - [REDACTED]

PAY STATEMENT
(PPCCP320 Report)

Enter the pay date(s) of your request (MM/DD/YY):

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

PAID CHECK

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

EARNINGS REPORT
(PPCCQ336 Report)

Enter the year(s) of your request (YYYY):

1985 1986 1987 1988 1989 1990

Requested by:



Employee Signature



Other Authorized Person

Self

Relationship

Signature

Jacquelyn B. N'Jai**FEE CALCULATION - Enter quantity and total**

	NUMBER OF ITEMS		FEE PER ITEM	TOTAL
STATEMENT, CHECK, REPORT	6	X	\$22.00	132

A fee of \$22 is charged for each item. Fees do not apply to copies of documents for active employees of NYCHA, NYCERS, TRS, Police Pension Fund, or the Water Authority.

PAYMENT METHOD - Select method of payment (Cash Not Accepted)

☐ Certified Check } Please make certified check or money order payable to:
☐ Money Order } City of NY Office of Payroll Administration
☐ Payroll Deduction (For active employees only)

☒ Credit Card

Employee Authorization for Payroll Deduction
Complete section below for Credit Card

Credit Card Type: ☐ MasterCard ☒ VISA ☐ Discover ☐ American Express

CVV

CREDIT CARD ACCOUNT NUMBER

EXPIRATION DATE (MM/YY)

Cardholder Name

Jacquelyn B. NJai

Cardholder's Signature

(Print name as it appears on card)

FOR OPA USE ONLY

Request for copies received by:

Name:

Cari Valenton

(Please print)

Signature:

[Signature]

Date (MM/DD/YY)

4/25/17

Items Mailed

Date (MM/DD/YY)

Initials

1 4/25/17 CV

Certified Check, Money Order, or Credit Card processed by:

Name:

Yolande Rando

(Please print)

Signature:

[Signature]

Date (MM/DD/YY)

4/25/17

Payroll Deduction entered by:

Deduction Code:

7059

Name:

(Please print)

Signature:

Date (MM/DD/YY)

NYC-OPR17APR21AM11005

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16-6

NYC OFFICE OF PAYROL
1 CENTRE ST FRNT 2 RM 200N
NEW YORK, NY 10007-1626
212-669-7166

Phone Order

xxxxxxxxxxxx9963
VISA

Entry Method: Manual

Amount: \$ 132.00
Tax: \$ 0.00
Total: \$ 132.00

04/25/17 11:35:46
Inv #: 000000004 Appr Code: 000290
Apprvd: Online
AVS Code: ZIP MATCH Z
CVV2 Code: MATCH M

I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

X _____

Merchant Copy

THANK YOU!

NYC OFFICE OF PAYROL
1 CENTRE ST FRNT 2 RM 200N
NEW YORK, NY 10007-1626
212-669-7166

Phone Order

xxxxxxxxxxxx9963
VISA

Entry Method: Manual

Amount: \$ 132.00
Tax: \$ 0.00
Total: \$ 132.00

04/25/17 11:35:46
Inv #: 000000004 Appr Code: 000290
Apprvd: Online
AVS Code: ZIP MATCH Z
CVV2 Code: MATCH M

Customer Copy

THANK YOU!

[illegible]

1985

WJL

SOCIAL SECURITY NO	BMT	SUBNAME		BANK DEPT	EARNINGS	TDA	UNEMP/CRIM ALLOWANCE	W2 WAGES	TAXES WITHHELD			SS REPORTED WAGES	PCA DEDUCTION	PENSION OR POSITION NO
		CHE NO	RCD						FEDERAL	STATE	CITY			
185901231	1	8006	12/31	8740	14247.90			14247.90	1309.84	504.04	212.29	14247.90	1018.46	** 1 9*
185901231	1	8006	12/31	8740	837.33			837.33	76.50	31.32	13.83	837.33	59.56	628204
185901231	1	8006	12/31	8740	15081.23			15081.23	1386.34	535.36	225.12	15081.23	1078.24	628204

185901231	1	8006	12/31	8740	14247.90			14247.90	1309.84	504.04	212.29	14247.90	1018.46	** 1 9*
185901231	1	8006	12/31	8740	837.33			837.33	76.50	31.32	13.83	837.33	59.56	628204
185901231	1	8006	12/31	8740	15081.23			15081.23	1386.34	535.36	225.12	15081.23	1078.24	628204

1986

14247

NSR1

[illegible]

1986

[illegible]

SOCIAL SECURITY NO.	INIT	SUBNAME	DATE	BANK	EARNINGS	IDA	UNEMP/CRIM ALLOWANCE	W2 WAGES	FEDERAL	STATE	CITY	SS REPORTED WAGES	FICA DEDUCTION	PENSION OR POSITION NO.
7018	JD	NJAI	01/15	9740	916.66	LEAVE WITHOUT PAY		916.66	69.69	26.83	11.13	916.66	68.84	628204
7018	JD	1463467P	01/29	9740	916.66	LEAVE WITHOUT PAY		916.66	69.69	26.83	11.13	916.66	68.84	628204
7018	JD	146765P	02/16	9740	916.66	LEAVE WITHOUT PAY		916.66	69.69	26.83	11.13	916.66	68.84	628204
7018	JD	334598P	02/29	9740	931.25	LEAVE WITHOUT PAY		931.25	71.88	28.00	11.52	931.25	69.94	628204
7018	JD	207346P	03/16	9740	931.25	LEAVE WITHOUT PAY		931.25	71.88	28.00	11.52	931.25	69.94	628204
7018	JD	395518P	03/31	9740	931.25	LEAVE WITHOUT PAY		931.25	71.88	28.00	11.52	931.25	69.94	628204
7018	JD	67180P	04/15	9740	931.25	LEAVE WITHOUT PAY		931.25	71.88	28.00	11.52	931.25	69.94	628204
7018	JD	229080P	04/29	9740	931.25	LEAVE WITHOUT PAY		931.25	71.88	28.00	11.52	931.25	69.94	628204
7018	JD	393647P	05/16	9740	1551.93	LEAVE WITHOUT PAY		1551.93	164.98	60.07	23.11	1551.93	116.55	628204
7018	JD	57394P	05/31	9740	965.79	LEAVE WITHOUT PAY		965.79	77.06	30.76	12.56	965.79	72.53	628204
7018	JD	213375P	06/16	9740	965.79	LEAVE WITHOUT PAY		965.79	77.06	30.76	12.56	965.79	72.53	628204
7018	JD	374923P	06/30	9740	965.79	LEAVE WITHOUT PAY		965.79	77.06	30.76	12.56	965.79	72.53	628204
7018	JD	449613P	07/15	9740	965.79	LEAVE WITHOUT PAY		965.79	77.06	30.76	12.56	965.79	72.53	628204
7018	JD	33608P	07/29	9740	965.79	LEAVE WITHOUT PAY		965.79	77.06	30.76	12.56	965.79	72.53	628204
7018	JD	143854P	08/16	9740	965.79	LEAVE WITHOUT PAY		965.79	77.06	30.76	12.56	965.79	72.53	628204
7018	JD	258732P	08/31	9740	991.98	LEAVE WITHOUT PAY		991.98	80.98	32.06	13.54	991.98	74.50	628204
7018	JD	334658P	09/16	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	492183P	09/30	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	156652P	10/17	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	323322P	10/31	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	484738P	11/16	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	137631P	11/30	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	304454P	12/16	9740	1021.91	LEAVE WITHOUT PAY		1021.91	85.47	35.25	14.24	1021.91	76.75	628204
7018	JD	465211P	12/30	9740	23814.91	LEAVE WITHOUT PAY		23814.91	1944.77	771.56	313.61	23814.91	1788.54	628204

1988

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The City Of New York
Office of Payroll Administration
450 West 33rd Street, 4th Floor
New York, NY 10001

Jacquelyn B. N' Sai
7801 Lloyd Avenue #116
Swissvale, PA 15218

